				VODEL GIBOTTU				1
IPDR6702	: 12/23/2003		TD	NORTH CAROLINA RS CHECKWRITE SUMMARY REPORT	PAG	E: 1		
KUN DATE:	. 14/43/4003			CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 12/29/2003				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NONDER	PROVIDER NAME	2023	DENTALO	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8931	265	AMTNC INELIGIBLE TO RECEIVE SE				
	H/DD/SAS			RVICES IN IPRS.				
		8599	208	DETAIL NOT COVERED BY COMBINAT				
		0399	208	ION OF RECIPIENT, PROVIDER AND	376	862	8548	7686
				BENEFIT PACKAGE.				
		8935	81	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404902		11	31	CLIENT NOT ELIGIBLE ON SERVICE				
3404302	BLUE RIDGE COMM UNITY	11	31	DATE				
	UNITI							
		0	0		0	31	31	0
3404905		11	904	CLIENT NOT ELIGIBLE ON SERVICE				
5404503	TREND COMM MENT	11	204	DATE				
	AL HLTH CTR							
		8599	352	DETAIL NOT COVERED BY COMBINAT	0	1415	3199	1784
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	52	CLIENT ID NUMBER MISSING OR IN				
		220	02	VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404907	RUTHERFORD-POLK	8599	1628	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	683	DUPLICATE OF CLAIM-SYSTEM	94	2788	4924	2136
					94	2700	4924	2130
		8000	158	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404910	PATHWAYS	8599	174	DETAIL NOT COVERED BY COMBINAT				
	TATHWATO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	171	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	191	643	10612	9969
			-	AVIOED IN TINO.				
			- 					
		8505	130	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404912		11	117	CLIENT NOT ELICIBLE ON CERVICE				
2404217	CATAWBA COUNTYM	11	±±1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT							
			1					
		0	0		0	117	227	110
3404913		11	204	CLIENT NOT ELICIBLE ON CERVICE				
3404913	MECKLENBURG COM	11	304	CLIENT NOT ELIGIBLE ON SERVICE DATE				-
	ENTAL HEALT		-					1
			- 					
		8505	298	CLAIM DENIED DUE TO INSUFFICIE	0	624	818	194
				NT BUDGET		, , , ,	727	
		0622	10	40 pecinemental invest at mneamy				
		8622	18	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				-
				*				
				i.	1	L	1	1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	TIOTIBE WHILE	1			DENTABO			
3404916	CROSSROADS BEHA	8599	128	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
<u></u>				BENEFIT PACKAGE.				
		11	98	CLIENT NOT ELIGIBLE ON SERVICE	22	409	5387	4978
				DATE				
		8621	57	60 RESIDENTIAL LEVEL III TREAT				
		0021	37	MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
				TON ADDITIONAL SERVICE.				
3404917	CENTERPOINT HUM	11	607	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
	AN DERVICED							
		8599	256	DETAIL NOT COVERED BY COMBINAT	181	1250	3216	1966
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	92	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	11	110	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		0.500	0.7	NAME OF THE OWNER OWNER OF THE OWNER OWNE				
		8599	87	DETAIL NOT COVERED BY COMBINAT	14	243	981	738
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0505	1.0	ALLEY DEVICE DUE TO THOUSENED.				
		8505	19	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				NI BODGEI				
3404919		8505	691	CLAIM DENIED DUE TO INSUFFICIE				-
3404919	GUILFORD CO MEN	8303	031	NT BUDGET				-
	TAL HEALTHC			NI BODGEI				
								1
		8599	466	DETAIL NOT COVERED BY COMBINAT	128	1941	5066	3125
				ION OF RECIPIENT, PROVIDER AND	120	1941	3066	3123
				BENEFIT PACKAGE.				
		8800	134	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404920	ALAMANCE CASWEL	8505	1709	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		21	163	DUPLICATE OF CLAIM-SYSTEM	111	2159	3989	1830
		0500	120	DEMATI NOW COMPANY OF COMPANY				-
		8599	129	DETAIL NOT COVERED BY COMBINAT				
		1	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1		DENEETI FACAAGE.				1
3404921	onavion pan	5312	3595	PRIOR AUTHORIZED DOLLARS EXCEE				
	ORANGE PERSON C			DED				
	HATHAM AREA	+						
		1						
		21	2779	DUPLICATE OF CLAIM-SYSTEM	163	9036	11784	2748
					103	2030	11,04	2/10
		5404	679	SEVERE DUPLICATE: SAME ATTO PR				
				OV/PCODE/TOS/DOS/MOD				
3404922	THE DURHAM CENT	21	3701	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		120	632	CLIENT ID NUMBER MISSING OR IN	0	5294	7854	2560
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		0500	244	DESCRIPTION OF THE PROPERTY OF				
		8599	344	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				-
		1		BENEFIT PACKAGE.	<u> </u>		<u> </u>	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404923		8599	48	DETAIL NOT COVERED BY COMBINAT				
	VGFW AREA AUTHO	6399	40	ION OF RECIPIENT, PROVIDER AND				
	RITY			BENEFIT PACKAGE.				
		120	37	CLIENT ID NUMBER MISSING OR IN	C	124	1369	1245
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		11	31	CLIENT NOT ELIGIBLE ON SERVICE				
		11	31	DATE				
3404924	PIEDMONT AREA M	8525	432	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
		191	99	CLIENT ID NUMBER DOES NOT MATC		F 2.1	521	
				H PATIENT NAME	C	531	531	
3404925	SANDHILLS CENTE	8505	3278	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET	_			
					_	1		
		8800	439	FURTHER PROCESSING NECESSARY,	100	4100	5510	1.41.5
				PLEASE CHECK FOR CLAIM ON	120	4103	5518	1415
				FUTURE RA'S.				
		8599	141	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII PACRAGE.				
3404926	SOUTHEASTERN RE	11	269	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		8599	112	DETAIL NOT COVERED BY COMBINAT	91	643	3333	2690
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT FACINGE.				
		8621	48	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404927	CUMBERLAND CO M	8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	HC			BENEFIT PACKAGE.				
		5404	50	SEVERE DUPLICATE: SAME ATTD PR	29	292	3383	3091
				OV/PCODE/TOS/DOS/MOD				
		8621	25	60 RESIDENTIAL LEVEL III TREAT	_	 		
		0021	25	MENT RECEIVED, PA IS REQUIRED	+	1		
				FOR ADDITIONAL SERVICE.	+	1	1	
	+				1	1	1	
3404929	LEE HARNETT MH/	21	323	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS					1		
					_	1		
		11	110	CLIENT NOT ELIGIBLE ON SERVICE	2	500	904	404
				DATE		300	904	404
					1			
		8599	22	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	_			
				DENEFII FACIAGE.	-	1		
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***	+	1		
	MNTL HLTHC				1		1	
-								
		0	0		C	0	15	15
					_	1		
							1	

### PROPERTY NAME								TOTAL	TOTAL
MADE OF SAME OF SAME MADE OF SAME NEETER OF SAME PROPERTY	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL		CLAIMS
MACHINE MACH	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION				PAID
## STATUS OF ## STATUS CONTROL									
STATION OF	3404931	WAKE CO HUM SVC	8505	546	CLAIM DENIED DUE TO INSUFFICIE				
1002 123 123 124 125					NT BUDGET				
1									
197 ALCOHOLY 198 1 CLIENT ST MEMBERS COST NOT MADE 207-107-107-108-108-108-108-108-108-108-108-108-108									
10 11 12 13 13 13 13 13 13			8502	123	CLAIM DENIED DUE TO INSUFFICIE	0	702	1652	950
## PATTERS NAME PATTERS NAME ALSO NAME					NT ALLOTMENT		702	1002	300
## PATTERS NAME PATTERS NAME ALSO NAME									
## PATTERS NAME PATTERS NAME ALSO NAME									
STATE STAT			191	31	CLIENT ID NUMBER DOES NOT MATC				
12-99-92									
OATE									
OATE									
OATE	3/10/032		11	1.0	CLIENT NOT FLIGHE ON SERVICE				
	3404332		11	10					
		LLS CO MH C			DATE				
			0500	1.0	OLATA DENTED DUE DO TAMBUTOTO				
			8502	10		2	35	74	39
					NT ALLOTMENT				
154-933 SOUTHEASTERN CT			5404	2					
### PROPERTY PROPERT					OV/PCODE/TOS/DOS/MOD				
### PROPERTY PROPERT									
P FOR MEASON									
### SPOREST* SPOREST* SPOREST* SPOREST*	3404933	SOUTHEASTERN CT	8505	258	CLAIM DENIED DUE TO INSUFFICIE				
1000 51 NO RATE AVAILABLE ON TILE TO F 43 431 2201					NT BUDGET				
RICE THIS CLAIM CHEATL									
RICE THIS CLAIM CHEATL									
SICE TRIS CLAIM DETAIL SICE TRIS CLAIM DETAIL DETAIL SICE TRIS CLAIM DETAIL DETAIL SICE TRIS CLAIM DETAIL DET			8000	51	NO RATE AVAILABLE ON FILE TO P	4.2	451	2201	1750
9931 33 MATNIC INELIGIBLE TO RECEIVE SE 1364834 ONSLOW COUNTY B 7505 101 CLAIM DENTED DUE TO INSUFFICIE EMAYLORAL H 78 CLEAN TOT ELIGIBLE ON SERVICE 34 297 664 11 76 CLEAN TOT ELIGIBLE ON SERVICE 34 297 664 SATE 78 ONSLOW COUNTY B 7505 101 CLAIM DENTED DUE TO INSUFFICIE 11 76 CLEAN TOT ELIGIBLE ON SERVICE 34 297 664 SATE 78 ONSLOW COUNTY B 7505 101 TRG. 9335 29 ASTRC INSLIGIBLE ON SERVICE 34 297 664 SATE 800681 TRG. 9346839 WAYNE CO MENTAL 9 0 *** NO DATA TO REPORT *** 1564839 WAYNE CO MENTAL 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					RICE THIS CLAIM DETAIL	43	431	2201	1730
SYICES IN IPRS.									
SYICES IN IPRS.									
SYICES IN IPRS.			0.021	22	AMENIC THEFT CIDED TO DECETTE OF				
SA04934 CALENT NOT ELIGIBLE TO RECEIVE SE SA04936 SATE COMMENTAL SA04936 SA04937 SA04936 SA04936 SA04937 S			0321	33					
EMANIORAL H EMANIORAL H 11 76 CLIENT NOT ELIGIBLE ON SERVICE 34 297 664 DATE 34 297 664 DATE 34 297 664 ASTRIC INELIGIBLE TO RECEIVE SE 34 397 697 697 697 697 697 697 697 697 697 6					RVICES IN IPRS.				
EMATIORAL H EMATIORAL H 11 76 CLIENT NOT ELIGIBLE ON SERVICE 34 297 664 DATE DATE ASTRIC INELIGIBLE TO RECEIVE SE REALTH CTR REALTH CTR REALTH CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
111 76 CLIENT NOT ELIGIBLE ON SERVICE 34 297 664 DATE 129 ASTNC INELIGIBLE TO RECEIVE SE RICES IN IPRS. 1404935 WAYNE COMENTAL 150 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3404934	ONSLOW COUNTY B	8505	101					
DATE B935 29 ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS. 304935 NAYNE CO MENTAL 0 0 0 *** NO DATA TO REPORT *** HEALTH CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		EHAVIORAL H			NT BUDGET				
DATE DATE B935 29 ASTMC INELIGIBLE TO RECEIVE SE RVICES IN IFRS. 3404935 NAYNE CO MENTAL 0 0 *** NO DATA TO REPORT *** HEALTH CTR 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
DATE DATE B935 29 ASTMC INELIGIBLE TO RECEIVE SE RVICES IN IFRS. 3404935 NAYNE CO MENTAL 0 0 *** NO DATA TO REPORT *** HEALTH CTR 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
8935 29			11	76	CLIENT NOT ELIGIBLE ON SERVICE	34	297	664	367
NYICES IN IPPR. NYICES IN					DATE				
NYICES IN IPPR. NYICES IN									
NYICES IN IPPR. NYICES IN									
3404935 NATHE CO MENTAL 0 0 0 *** NO DATA TO REPORT *** HEALTH CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			8935	29	ASTNC INELIGIBLE TO RECEIVE SE				
HEALTH CTR HEALTH CTR					RVICES IN IPRS.				
HEALTH CTR HEALTH CTR									
HEALTH CTR HEALTH CTR									
HEALTH CTR HEALTH CTR	3404935	MANAGE CO MENICAT	0	0	*** NO DATA TO REPORT ***				
0									
3404936 WILSON-GREENE M 8931 71 AMTNC INELIGIBLE TO RECEIVE SE ENTAL HEALT RVICES IN IPRS. 11 31 CLIENT NOT ELIGIBLE ON SERVICE 91 173 2073 DATE DATE 8599 26 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT NNTL HLTH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955		nhALTH CTK	+	1		1			
3404936 WILSON-GREENE M 8931 71 AMTNC INELIGIBLE TO RECEIVE SE ENTAL HEALT RVICES IN IPRS. 11 31 CLIENT NOT ELIGIBLE ON SERVICE 91 173 2073 DATE DATE 8599 26 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT NNTL HLTH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955									-
3404936 WILSON-GREENE M 8931 71 AMTNC INELIGIBLE TO RECEIVE SE ENTAL HEALT RVICES IN IPRS. 11 31 CLIENT NOT ELIGIBLE ON SERVICE 91 173 2073 DATE DATE 8599 26 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT NNTL HLTH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955			0	0					1
ENTAL HEALT RVICES IN IPRS. 11 31 CLIENT NOT ELIGIBLE ON SERVICE 91 173 2073 DATE DATE 8599 26 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT MNTL HLTH C 10 ON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 10 ON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955				-		0	0	0	0
ENTAL HEALT RVICES IN IPRS. 11 31 CLIENT NOT ELIGIBLE ON SERVICE 91 173 2073 DATE DATE 8599 26 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT MNTL HLTH C 10 ON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 10 ON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955			-			1			
ENTAL HEALT RVICES IN IPRS. 11 31 CLIENT NOT ELIGIBLE ON SERVICE 91 173 2073 DATE DATE 8599 26 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT MNTL HLTH C 10 ON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 10 ON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955	3404034		0021	71	NAMENC INDITIONED TO DECERTE OF	1			
11 31 CLIENT NOT ELIGIBLE ON SERVICE 91 173 2073	J404330		0231	/ ±					
DATE DATE DATE BENEFIT PACKAGE. BENEFIT PACKAGE. 3404937 EDGECOMBE NASH MNTL HLTH C BENEFIT PACKAGE. BENEFIT PACKAGE. JON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. JON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE. BENEFIT PACKAGE. BENEFIT PACKAGE. BENEFIT PACKAGE.		ENTAL HEALT			KVICES IN IPKS.				
DATE									1
DATE			11	21	OF THE PART OF THE				
8599 26 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT MNTL HLTH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955			11	31		91	173	2073	1900
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT MNTL HITH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955					DATE				
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT MNTL HITH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955									
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT MNTL HITH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955									
BENEFIT PACKAGE. BENEFIT PACKAGE. 3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT MNTL HLTH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE.			8599	26					Щ
3404937 EDGECOMBE NASH 8599 990 DETAIL NOT COVERED BY COMBINAT MNTL HLTH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955									
MNTL HLTH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE. BOOO 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955					BENEFIT PACKAGE.				
MNTL HLTH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE. BOOO 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955									
MNTL HITH C ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955	3404937	EDGECOMBE NASH	8599	990	DETAIL NOT COVERED BY COMBINAT				
BENEFIT PACKAGE. 8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955					ION OF RECIPIENT, PROVIDER AND				
8000 489 NO RATE AVAILABLE ON FILE TO P 640 2286 13955				1		1			
040 2200 13333			+						
040 2200 13333			8000	489	NO RATE AVAILABLE ON FILE TO P	C40	2000	12055	11669
RICE THIS CLAIM DETAIL			+	1		640	2286	13955	11069
			-	+		1			1
									-
8935 460 ASTNC INELIGIBLE TO RECEIVE SE			8935	460	ASTNO INELIGIBLE TO PROPIUS OF	1			
			3,33	100		1			
RVICES IN IPRS.					NVICES IN IPRS.				
		i .	1				Ì	ĺ	i .

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404938	HALIFAX COUNTYM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0					
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	8599	176	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	125	NO RATE AVAILABLE ON FILE TO P	30	547	2016	1469
				RICE THIS CLAIM DETAIL				
		21	0.0	DUPLICATE OF CLAIM-SYSTEM				
		21	88	DOPLICATE OF CLAIM-SISTEM				
3404941	PITT CO MH/DD/S	120	111	CLIENT ID NUMBER MISSING OR IN				
	AS CENTER			VALID. ENTER CID AND SUBMIT				
	CHILDI	1		AS A NEW CLAIM				
		1						
		191	63	CLIENT ID NUMBER DOES NOT MATC	6	265	1002	737
				H PATIENT NAME				
		1.10						
		143	27	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404942		8599	101	DETAIL NOT COVERED BY COMBINAT				
5404542	ROANOKE CHOWANH	0333	101	ION OF RECIPIENT, PROVIDER AND				
	UMAN SERVIC			BENEFIT PACKAGE.				
		8326	60	ATTENDING PROVIDER NUMBER IS R	7	204	1551	1347
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
0.10.10.10		0505						
3404943	ALBEMARLE MENTA	8505	41	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L HEALTH CE			NI BODGEI				
		8544	39	CLAIM DENIED DUE TO INVALID FR	17	157	880	723
				OM DATE OF SERVICE	17	157	000	123
		8599	27	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
240424		21	50	DVDV VOLUME OR OVER 1				
3404944	EASTPOINTE HUMA	21	50	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES	-						
		1						
		8599	34	DETAIL NOT COVERED BY COMBINAT		400	1000	1760
				ION OF RECIPIENT, PROVIDER AND	66	194	1962	1768
		1		BENEFIT PACKAGE.				
		+						
		8931	33	AMTNC INELIGIBLE TO RECEIVE SE				
		1		RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	7007	134	EXCEEDS MAXIMUM UNITS ALLOWED				
	ENTAL HEALT			PER MONTH(S)				
		142	7.0	OLIENTE ED MIMDED VOT ON OTRE				
		143	78	CLIENT ID NUMBER NOT ON STATE	1	311	1560	1249
		1		ELIGIBILITY FILE				
		1						
		8599	60	DETAIL NOT COVERED BY COMBINAT				
		1	-	ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.				
		+						
	1	1	1	1	I	l .	I	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8505	335	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
	HEADIN CIK							
		8800	54	FURTHER PROCESSING NECESSARY,	(406	487	81
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	16	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404959		8524	23	CLAIM DENIED, PROVIDER MUST BE				
3404939	DAVIDSON CO MEN	0324	23	DESIGNATED AS A BILLING				
	TAL HLTH CT			PROVIDER.				
				PROVIDER.				
		0	0		(23	23	. 0
3404979		8599	266	DETAIL NOT COVERED BY COMBINAT				
3404979	NEW RIVER AREAM	0399	200	ION OF RECIPIENT, PROVIDER AND				
	H/DD/SA PRO			BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		8931	168	AMTNC INELIGIBLE TO RECEIVE SE	210	673	8026	7353
				RVICES IN IPRS.				
		21	96	DUPLICATE OF CLAIM-SYSTEM				
		21	90	DUPLICATE OF CLAIM-SYSTEM				